

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Feb 13, 2019

Entity Name: FRIENDS OF ANNE KOLB NATURE CENTER, INC.

Secretary of State

3014404736CC

Current Principal Place of Business:

751 SHERIDAN STREET
HOLLYWOOD, FL 33019

Current Mailing Address:

751 SHERIDAN STREET
HOLLYWOOD, FL 33019

FEI Number: 65-0922809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, JOHN
346 PALM STREET
HOLLYWOOD, FL 33019 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN LEWIS

02/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name RAWLINGS, JOANN
Address 4968 SW 29TH TERRACE
City-State-Zip: FORT LAUDERDALE FL 33312

Title P
Name GROVER, WILMA S.
Address 5240 N. 31ST PLACE
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name COUTURE, CONNIE
Address 614 TRAFALGAR COURT
City-State-Zip: FORT LAUDERDALE FL 33004

Title T
Name CURTISS, MARGARET
Address 1605 N. 16TH COURT
City-State-Zip: HOLLYWOOD FL 33020

Title SECRETARY
Name HINMAN, KATHLEEN
Address 801 S. OCEAN DRIVE
APT. # 502
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR
Name ROCHEZ, KAREN
Address 3300 N. OCEAN DRIVE
APT.# 2-A
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR
Name GOOZE, LORRAINE
Address 639 NW 3RD ST
City-State-Zip: DANIA BEACH FL 33004

Title DIRECTOR
Name BETTEX, PIERRETTE
Address 303 E. 4TH ST.
City-State-Zip: DANIA BEACH FL 33004

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JO ANN RAWLINGS

VICE PRESIDENT

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name ALHALE, ROCKELL

Address 500 S. CRESCENT DRIVE

City-State-Zip: HOLLYWOOD FL 33021